



APPLICATION FOR EXTENSION OF TIME FOR PAYMENT OF FINE, COURT COSTS AND FEES

REQUIREMENT: 25% INITIAL PAYMENT PER VIOLATION

(FOR OFFICE USE ONLY)

Case Number(s): _____ FG Date: _____ Amount Owed: _____ 25% \$ _____

PERSONAL:

PLEASE PRINT

Name: _____
Last Name First Middle
Address: _____
Street City State Zip Code
Mailing Address: _____
Street City State Zip Code
Phone No.: Home (____) _____ Cell No. (____) _____
Email: _____
Date of Birth: _____ Sex: _____ Driver's License No.: _____ Yes ☐ No ☐
Marital Status: _____ Spouse's Name: _____ Spouse's Phone No.: _____

Allow Municipal Court to text or call my cellular phone regarding my payment plan. Message and data rates may apply.

Personal References - **3 REQUIRED** (IN THE U.S. Not Living With You):

Name	Address	Phone No.	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

INCOME/EXPENSE INFORMATION:

Employer: _____
Name Address Phone No. Position How Long?
Name of Supervisor _____ Pay Days _____ Take Home Pay: \$ _____
Spouse's Income: \$ _____ Monthly: _____ Weekly: _____ Bi-Weekly: _____
Other Source of Income (SSI/Retirement): _____ Amount Received: \$ _____ No. of Dependents _____
Name of Bank: _____ Checking: _____ Balance \$ _____ Savings: _____ Balance \$ _____
Monthly Expenses: Mortgage/Rent \$ _____ Utilities \$ _____ Vehicle Ins. \$ _____ Other \$ _____
Live with Parents: _____ Other - Please Explain: _____

List All Your Creditors (Mortgage Companies, Banks, Credit Card Accounts, Finance Companies)

Company Name	Balance Owed	Payment Amount (wk/mo)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I SWEAR AND AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT:

Defendant's Signature X _____ DATE: _____

If payment is made by check and the check is returned for insufficient funds, a bad check fee will be added and you will be required to pay the original 25% installment on your payment plan, plus the bad check fee in cash within 10 days. Failure to do so will result in the voiding of your payment plan, and the requirement that the full amount of your fine be paid immediately.

FOR INTERNAL USE ONLY

INTERVIEWED BY: _____ DATE: _____ VERIFIED BY: _____